

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3459-62-012616
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 12 1962

VS 300
Rev. 4/59

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DATE AMENDED

4/16/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

10, 13a. Bookkeeper & Ellicock
General - Site
BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Saint Louis** Length of stay in 1b _____

c. CITY OR TOWN **Saint Louis** m _____ Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Lukes Hospital** Inside Limits Yes No d. STREET ADDRESS **5555 Pershing** (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
IDAa ELLICOCK **April 1 1962**

5. SEX **female** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **12/27/1878** 9. AGE (last birthday) **83** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **at-home Bookkeeper** 10b. KIND OF BUSINESS OR INDUSTRY **housekeeper** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Ellicock James ~~Ellis~~** 13b. MOTHER'S MAIDEN NAME **Sarah Ann Glasby** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of serv) **no** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT **Albert B. Ellicock** Address **5616 Maple**

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **Tubercular embolism Rlung** INTERVAL BETWEEN ONSET AND DEATH _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____
DUE TO (c) **465XH**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not refer to the terminal disease condition given in PART I.) **Carcinoma of Urinary Bladder - postop.** PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ Month, Day, Year _____ p.m. _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from **1955** to **4/1/62** and last saw her alive on **4/1/62**
Death occurred at **10 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **W. Ruppert, M.D.** (to sign or title) 22b. ADDRESS **3720 Washington Blvd.** 22c. DATE SIGNED **4/2/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 23b. DATE **4/4/62** 23c. NAME OF CEMETERY OR CREMATORY **Valhalla Cemetery** 23d. LOCATION (City, town, or county) (State) **?St. Louis County Mo.**

24. FUNERAL DIRECTOR **C.R. Lupton and sons** ADDRESS **7233 Delmar** 25. DATE RECD. BY LOCAL REG. **APR 2 1962** OF REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

Note: The above MUST BE, SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.